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Bib Data Sheet

CONFIRMATION NO. 4441

SERIAL NUMBER 10/731,379	FILING OR 371(c) DATE 12/09/2003 RULE	CLASS 800	GROUP ART UNIT 1633	ATTORNEY DOCKET NO. P03,0588
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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

SPAIN 200202815 12/09/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/31/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SPAIN	SHEETS DRAWING 9	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

26574

**TITLE**

Non-human mutant mammals deficient in Sigma receptors and their applications

FILING FEE RECEIVED 1018	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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